

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-005030**

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

**FILED JAN 19 1962**

**1. PLACE OF DEATH**

a. COUNTY

**St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Clayton**

Length of stay in lb  
**1 Day**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Louis County Hospital**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE **Mo.**

b. COUNTY **St. Louis**

c. CITY  
OR  
TOWN **Oakville**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**2840 Erb Road**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**Emily (Emma) W. Wagner**

**4. DATE OF DEATH**

Month

Day

Year

**1 11 1962**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-6-1893**

9. AGE (last birthday)  
**68**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY  
**Own Home**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U S A**

13a. FATHER'S NAME

**William Eves**

13b. MOTHER'S MAIDEN NAME

**Mary Hagemann**

14. NAME OF HUSBAND OR WIFE

**Alex**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT

Address

**Mrs. Edna Wotli 5207 Itaska ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute posterior myocardial infarction**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Coronary arteriosclerosis**

DUE TO (c)

**Generalized arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-10-1962** to **1-11-1962** and last saw her alive on **1-11-1962**

Death occurred at **845 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)  
**Alfred L. Howe MD**

22b. ADDRESS

**601 S. Brentwood Blvd.**

22c. DATE SIGNED

**1/12/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE

**Jan. 16, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**National Cemetery**

23d. LOCATION (City, town, or county)

**Jefferson Bks. Mo.**

24. FUNERAL DIRECTOR

**C. Hoffmeister Mortuaries  
7814 S. Broadway**

ADDRESS

25. DATE RECD. BY LOCAL REG.

**1-13-62**

26. REGISTRAR'S SIGNATURE

**John B. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lenia C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Basa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.